



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1425

DATE: September 26, 2014

TO: Iowa Medicaid Hospitals, Physicians, Advanced Registered Nurse Practitioners, Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Indian Health Service (IHS) Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Healthy Behaviors Wellness Exam

EFFECTIVE: January 1, 2014

The Healthy Behaviors program for both the Iowa Wellness Plan and Marketplace Choice Plan was announced in [Informational Letter 1387](#)¹. The letter described the program and indicated members should complete the two Healthy Behaviors in order to waive monthly contributions (premiums) that will begin in their second year of eligibility. Those behaviors are defined as: obtaining a *wellness exam* and completing a *Health Risk Assessment*.

[Informational Letter 1337](#)² originally defined the wellness exam, also known as a preventive wellness visit, and related Common Procedural Terminology (CPT) codes used for billing the IME. The IME would like to clarify and expand upon the CPT codes accepted as a preventive wellness visit. This should allow providers more flexibility as to which level of service is most appropriate for their individual patient.

Enhanced Evaluation and Management (E/M) CPT Codes and relevant diagnosis codes:

The IME will recognize diagnosis codes **V70.0, V70.5, and V70.9** as payable consistent with the coding conventions of a preventive wellness visit. To bill this service, the appropriate E/M should be billed along with **V70.0, V70.5, or V70.9** as the primary diagnosis, and all diagnosis pointers on the claim lines for the preventive wellness visit date of service should point to the primary diagnosis. The exam is payable to any enrolled provider otherwise qualified to provide this service and consistent with any other applicable program policies.

This change is retroactive to January 1, 2014. The IME will be using this claims data in reporting completed Healthy Behaviors for the Marketplace Choice Plan and Iowa Wellness Plan members for calendar year 2014.

1

<http://dhs.iowa.gov/sites/default/files/1387%20Healthy%20Behaviors%20under%20the%20Iowa%20Wellness%20Plan%20and%20Markerplace%20Choice.pdf>

2

[http://dhs.iowa.gov/sites/default/files/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Vi
sit%20Revised.pdf](http://dhs.iowa.gov/sites/default/files/1337%20Billing%20a%20Wellness%20Exam%20and%20a%20Sick%20Visit%20Revised.pdf)

A preventive wellness visit includes all of the components specified in the CPT Standard Edition for the preventive medicine codes shown below:

CPT Codes Accepted for Preventive Services During the Reporting Period 1/1/2014-12/31/2014	
New Patient CPT Codes	
99385	18-39 years of age
99386	40-64 years of age
Established Patient CPT Codes	
99395	18-39 years of age
99396	40-64 years of age
Evaluation and Management (E/M) CPT Codes Accepted for Preventive Services During the Reporting Period 1/1/2014-12/31/2014	
CPT Code	Acceptable Diagnosis Codes
99211	V70.0, V70.5 and V70.9
99212	V70.0, V70.5 and V70.9
99213	V70.0, V70.5 and V70.9
99214	V70.0, V70.5 and V70.9
99215	V70.0, V70.5 and V70.9
Outpatient Hospital Clinic Visits	
G0463	V70.0, V70.5 and V70.9

This policy is intended to encourage member responsibility in proactive management of their own health, balanced with recognition that health care providers know best how to treat their patients. In adjusting the specific direction, the IME has taken into account provider and stakeholder feedback and expanded the scope of E/M CPT Codes that are considered a preventive wellness visit.

Based on clinical guidelines, some individuals between the ages of 22 and 49 would be considered low-risk, requiring a complete annual preventive wellness visit every one to three years. For example, low-risk individuals would ideally visit their physician annually to update their clinical history. This would allow for scheduling a brief visit with their provider that tracks the member's history, age, gender and general health status. This brief visit should include assessment of blood pressure and body mass index (BMI) and any needed labs, but may not require a full physical exam. This type of visit, in some situations, may potentially be completed by nursing staff and would be billed as an E/M code consistent with a nursing visit, which is now reflected in the revised policy.

As always, remember to verify member eligibility at the time of service. If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.